

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33937
Registrar's No. 8660

FILED OCT 18 1948

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME 8855 ORIOLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether)
In this community 5 1/2
years, months or days)

3. (a) PRINT FULL NAME MATHILDA BLUME

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HENRY BLUME 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAY 16 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 15 If less than one day — hr. — min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business —

MOTHER FATHER { 12. Name CASPER WEHMEIER 4
13. Birthplace GERMANY (State or foreign country)
14. Maiden name HENRIETTA LOCKE
15. Birthplace GERMANY (State or foreign country)

16. (a) Informant Lodell Turner
(b) Address 8855 N. Crest Lane

17. (a) BURIAL (b) Date thereof OCT. 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial

18. (a) Signature of funeral director Diedrich F. Hume
(b) Address 8313 N. Holla Ferry Rd.

19. (a) OCT 8 1948 (b) J. B. Kasper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8855 ORIOLE AVE
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 1 year 1948 hour 8 30 minute PM

21. I hereby certify that I attended the deceased from Sept 28 to Oct 1, 1948.
that I last saw her alive on Oct 1, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation
+ Coronary thrombosis Duration 12 hrs

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Wm A Knight (M. D. or other) —

Address 8201 N Broadway Date signed 10-4-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Elton R. Simelkus

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.